

PRIMARY ADULT CARE PROGRAM

Eligibility Services Division
P.O. BOX 386
BALTIMORE, MD 21203
(TOLL FREE) 1-800-226-2142

Date: _____

If you are **divorced or separated**, verification of this status is needed. You should send a copy of your legal separation agreement or divorce decree. If you do not have access to either please complete the form below. Only you can sign this form. Thank you.

Spouse's Name _____

Spouse's Date of Birth _____

Spouse's Address (or Last Known Address if not sure) _____

Spouse's Telephone Number _____

Spouse's Social Security Number _____

Date of Divorce or Separation (or state how long you
have been divorced or separated) _____

If you have completed the above form, please sign to confirm that the information is true to the best of your knowledge.

X _____
Applicant's Signature

Date

*****Case Managers*****

See the link below for the website where you can download the most recent Application and other eligibility related information. Check often as there are periodic changes.

<http://www.dhmf.state.md.us/mma/mpap>